

Investigating the Association between Parenting Styles and Mental Health and Self-Efficacy among Seventh Grade Students in the City of Hamadan in Iran

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ABSTRACT

Objective the purpose of this study is to Investigate the relationship parenting styles, mental health And perfectionism Among Seven grade students in Hamedan city. Method of this research is the descriptive and correlational. Statistical population in this study consisted of all seventh grade students of second area of the city of Hamedan. The statistical sample are consisted of 350 girls and boys. The instrument used in this study was Perfectionism Scale thre & shurs and Baumrind Questionnaire Parenting styles and General Health Questionnaire Goldberg and Miller (GHQ). For data analysis the Pearson correlation and regression analysis were used. Results significant relationship between parenting styles and perfectionism and mental health showed. It was also found that parenting styles predicted for perfectionism and mental health of individuals. As a result, it was found that authoritative parenting style has a significant relationship with the mental health of individuals. The autocratic and permissive styles can reduce individuals mental health. The autocratic style of raising unrealistic expectations about themselves and increase linked perfectionism.

Keywords: Parenting Styles, Mental Health, Perfectionism.

I. INTRODUCTION

Family plays the most important, valuable, and effective role among all social institutions and organizations. Family is also taken into account as the most natural unit of reproduction as well as the most comprehensive social unit because it encompasses all members of a society. Family is endowed with educational and social importance. Individuals take their first step into the universe by the help of their families and society becomes consolidated by such communities (Shekarbeigi and Yasseminejad, 2012). Parenting styles can be considered as one of the most significant factors affecting the accommodation of psychological needs because constructive competence in parenting styles is associated with concepts such as autonomy, orientation to development, and also the amount of friendly

relationships with others which are included in the heart of Self-Determination Theory (Sepehrian et al., 2013). Identifying factors determining parenting styles has been one of the main goals of family researchers. Belsky (1984) in an attempt to identify the determinants of parenting styles proposed a theoretical model. He believed that there are three sources for parenting styles: individual characteristics of children, sources of support and stress, and individual characteristics of parents (Azizi and Besharati, 2011). Moreover, the impact of family on the process of development is so noticeable that despite the existing differences between experts in psychology in the field of family and the importance of its impact on development, there is a common point of view in this regard. Most psychologists, regardless of the school they believe in, consider parent-child interactions as the fundamentals of emotional development (Mehrabizadeh et al., 2004).

Baumrind in a series of longitudinal studies on parent-child interactions considered parenting styles with various, normal, and natural behaviors. Baumrind realized that different parenting styles differed in two dimensions. The first dimension was related to demandingness and control and the second dimension was associated with responsiveness and warmth. The various combinations of these two dimensions of demandingness/control and responsiveness/warmth led to the emergence of four parenting styles and Baumrind focused on three styles in her study: authoritative (democratic), authoritarian, and permissive. The fourth style i.e. uninvolved (neglectful) was investigated by other researchers (Faramarzi et al., 2013). In short, the authoritarian parenting style is characterized by mandatory rules and the low level of acceptance. The authoritative style is a combination of logical control and support and the permissive style is known with a low level of control. Parenting styles are determinants playing roles in creating and improving mental health in children, so that various researchers have highlighted the significant relationships between perceived parenting styles and mental health in children (Lavassani et al., 2011).

It should be added that maintaining mental health is certainly as important as physical health. However, accelerated efforts towards industrialization in today's societies has had a reverse effect on human mental health and it has also brought about serious health problems in a way that such problems have been recognized as a health priority (Darban and Mazloom, 2012). Mental health, considered as one of the significant components of general health, is the ability to establish balance in life and put up with problems. Mental problems place a considerable pressure on individuals and it has been estimated that depression will incur huge costs on the health systems of societies after heart diseases in 2020. Today, mental tension is taken into account as one of the important life-related issues, so it is necessary to give a special importance to mental health in individuals (Tehrani, 2012). In fact, the concept of mental health describes the level of cognitive and emotional well-being or the absence of a mental disorder. But what is certain is that mental health is beyond a lack of mental illness. From the perspective of positive psychology, this concept may include numerous aspects such as the ability of an individual to enjoy life,

flexibility, balance in life-related activities, emotional and cognitive compatibility (in the face of strictness), and human flourishing. The current senses of the concept of mental health and mental illness developed by psychologists and psychiatrists do not necessarily overlap (Tebeanu and Macarie, 2013). The relationship between mental illnesses and physical ones is complex and mutual. Poor mental health is accompanied by increased risk of physical diseases and reduced physical health leads to an increase in the risk of mental illnesses including the most common ones; depression and anxiety. For example, about 30% of the population of Great Britain is affected by a long-term physical illness and nearly 30% out of this population has a mental disorder along with this physical illness. Such an overlap between physical diseases and mental illnesses makes their management more complex and costly (Rayner et al., 2014).

On the other hand, self-efficacy refers to a person's beliefs about their own abilities to counter with specific circumstances which can have effects on thinking, feelings, and behavioral patterns out of human experience. Self-efficacy can determine whether a behavior will start or not, how much efforts a person will show, and how much power an individual will use. Bandura showed that the main prerequisite for making changes in behavior, including health behaviors, is self-efficacy which is a tool for health promotion. Self-efficacy also plays an important role in enriching the lives of individuals as well as shaping individuals' behaviors and their goals (Saadati and Lashani, 2013). It is important to note that self-efficacy is kind of motivational structure based on the concept of competence, not the actual level of competence. Actions and behaviors can be predicted by beliefs but not just real achievements (Ghasemboland and Binti hashim, 2013). Similarly, self-efficacy has an impact on behavior. For example, students with a low level of self-efficacy may avoid preparing oneself for taking an exam because they think that the extent of their efforts does not lead to any results. In contrast, individuals endowed with a high level of self-efficacy are more hopeful and successful in performing their tasks. In general; when people have a belief in their own capabilities and abilities to perform their tasks or activities, they will spend more time on them and they finally achieve better results. Individuals' self-perception has also an effect on their thinking,

motivation, performance, and emotions (Alaei Khrayem et al., 2013). Since self-efficacy is the belief of an individual in making attempts to do difficult and innovative tasks, it is employed to cope with problems and troubles caused by special circumstances. People with high levels of self-efficacy select more challenging tasks. They set high-level goals for themselves and fulfill them. When they fail, they recover faster, and continue to remain committed to their own goals. Therefore, self-efficacy is considered as a significant factor addressing the challenges and demands posed over time (Cramm et al., 2013). Considering the above-mentioned issues, it is obvious that a research study is needed to examine the relationship between these structures. Therefore, this study was developed to fulfill these objectives and the basic research question will be whether there is a relationship between parenting styles and mental health and self-efficacy of students.

II. METHODOLOGY

Statistical Population, Sample, Sampling Method

The statistical population of this study included all male and female students in lower-secondary school (seventh grade) in the city of Hamedan (District Two) comprised of 3788 individuals (1956 girls and 1832 boys) enrolled in 2013-2014 academic year. The cluster sampling method was used and the sample size consisted of 350 individuals according to Krejcie and Morgan Table. To this end, 15 schools (for boys and girls) were selected randomly out of the existing schools in the city of Hamedan (District Two) including 22 schools for girls and 19 schools for boys and then the given questionnaires were completed. In terms of the distribution of the questionnaires coded from 1 to 350, the 30-item Baumrind Parenting Style Questionnaire was initially administered following full explanations to selected students whose parents were to complete them. Then, the students received and completed the Sherer General Self-Efficacy Scale and General Health Questionnaire. After completion of the questionnaires, the codes of parents were attached to the codes defined for children in order to obtain the required accuracy and to achieve the desired scientific results.

Research Instruments

Baumrind Parenting Style Questionnaire:

This questionnaire designed in 1972 by Diana Baumrind included 30 items and each 10 items measured one of the parenting styles of authoritative, permissive, and authoritarian. The scoring method in the questionnaire was based on a five-point Likert-type scale set from totally agree to totally disagree. The validity of the questionnaire was obtained in the study by Moore (1991) using test-retest method between groups of mothers and it was 0.81, 0.86, and 0.88 for authoritarian, authoritative, and permissive parenting styles; respectively. Such values in the group of fathers were 0.77 for authoritarian style, 0.85 for authoritative style, and 0.88 for permissive one. The reliability of the questionnaire was also tested on a sample of mothers through a test-retest method and the values obtained for permissive, authoritative, and authoritarian parenting styles were reported equal to 0.69, 0.77, and 0.73; respectively.

General Health Questionnaire by Goldberg and Miller: The General Health Questionnaire (GHQ) was firstly developed by Goldberg (1972) in 60 items and then its short form composed of 28 items used in this study was developed by Goldberg and Miller (1979) out of the long form. This questionnaire included 4 sub-scales measuring somatic symptoms, anxiety-insomnia, social dysfunction, and severe depression. The validity of the questionnaire for the given sub-scales was respectively 0.85, 0.74, and 0.84; and it was 0.92 for the whole questionnaire. The reliability coefficient was also equal to 0.70, 0.93, and 0.90 and it was 0.93 for the entire questionnaire.

Sherer General Self-Efficacy Questionnaire:

This questionnaire was composed of 17 items and each item was set based on a Likert-type scale; ranging from totally disagree to totally agree. Scores 1 to 5 were assigned to each item according to the scoring method in this questionnaire. To measure the construct validity of this questionnaire, Bakhtiari (1995) correlated it with several personality traits (Rotter's Locus of Control Scale, Personal Control Sub-Scale, Marlowe-Crowne Social Desirability Scale, and Rosenberg's Interpersonal

Competence Questionnaire) and the predicted that the correlation between self-efficacy and average amounts of personality traits was equal to 0.61 and in line with the confirmation of the construct. The reliability coefficient of the questionnaire using Guttman's split-half method and Cronbach's alpha was 0.76 and 0.79, respectively.

III. FINDINGS

The results of the present study were as follows

Given that in the General Health Questionnaire, the higher scores indicated lower levels of mental health and lower scores suggested higher levels of mental health and according to the Table above, the Pearson correlation coefficient revealed a strong and negative relationship equal to 0.498 between the two variables of authoritative style and mental health test scores i.e. as the authoritative style increased, general health test score decreased and in fact the level of mental health enhanced. Since the significance level of r coefficient was lower than 0.35, the value of the relationship obtained was significant. The correlation coefficient between the two variables of authoritarian style and mental health was also equal to 0.35 which was significant because the significance level of the r coefficient was lower than 0.05. This means that increased authoritarian style could lead to higher general health test scores and in fact decreased level of mental health. The correlation coefficient value between both variables of permissive style and mental health was equal to 0.25 and such a relationship was likewise significant because the r coefficient was smaller than 0.05 i.e. as the permissive style improved, mental health test scores increased and in fact the level of mental health declined. As can be seen in the Table above, the Pearson correlation coefficient showed a positive relationship equal to 0.52 between the two variables of authoritative style and self-efficacy. Given that the significance level of the r coefficient was lower than 0.05, the relationship value obtained was significant. There was also a negative correlation coefficient equal to -0.17 between the two variables of authoritarian style and self-efficacy. Since the significance level of the r coefficient was lower than 0.05, the relationship obtained was significant. Likewise, there was a negative correlation coefficient between the two variables of

permissive style and self-efficacy equal to 0.41 and the derived relationship was significant because the significance level of the r coefficient was lower than 0.05. The results of the regression analysis presented in the Table above showed that mental health scores assigned to three parenting styles differed significantly ($F=75.63$, $P<0.05$). Given the amount of R^2 , parenting styles could predict 0.39% of mental health in individuals ($R^2=0.39$). In order to check the amount and the effect of parenting styles on levels of mental health, regression coefficients were also investigated. The results were illustrated in Table 4.

As shown in the Table above, the authoritative style had a negative and significant effect equal to -0.43 on mental health test scores ($Beta=-0.43$, $P<0.05$). Thus, the dependent variable standard deviation (mental health test score) decreased by -0.43 for one-unit rise in the standard deviation of the predictive variable (authoritative style) and consequently the level of mental health increased. The authoritarian style had also a positive and significant impact equal to 0.39 on mental health ($Beta=0.39$, $P<0.05$). Therefore, the dependent variable standard deviation (mental health test score) surged by 0.39 for one-unit increase in the standard deviation of the predictive variable (authoritarian style). This means that increased scores of mental health could lead to a decline in the level of mental health. Moreover, the permissive style had a positive and significant effect equal to 0.17 on mental health ($Beta=0.17$, $P<0.05$). As a result, the dependent variable standard deviation (mental health) increased by 0.17 for one-unit rise in the standard deviation of the permissive style and such an increase in mental health test scores could lead to a decline in the level of mental health. The results of the regression analysis illustrated in the Table above indicated that self-efficacy scores assigned to three parenting styles differed significantly ($F=75.57$, $P<0.05$). Considering the value of R^2 , parenting styles could predict 0.38% of self-efficacy in individuals ($R^2=0.38$). In order to examine the amount and the effect of parenting styles on self-efficacy, regression coefficients were similarly investigated. The results were presented in Table 4. As can be seen in the Table above, the authoritative style had a positive and significant impact equal to 0.42 on self-efficacy ($Beta=0.42$, $P<0.05$). Therefore, the dependent variable standard deviation (self-efficacy) increased by 0.42 for

one-unit increase in the standard deviation of the predictive variable (authoritative style). The authoritarian style had also a negative and significant effect equal to 0.23 on self-efficacy (Beta=0.39, $P<0.05$). Thus, the dependent variable standard deviation (self-efficacy) declined by 0.23 for one-unit increase in the standard deviation of the authoritarian style. Additionally, the permissive style had a negative and significant effect equal to -0.30 on self-efficacy (Beta=-0.30, $P<0.05$). As a result, the dependent variable standard deviation (self-efficacy) reduced by 0.30 for one-unit rise in the standard deviation of the permissive style.

IV.DISCUSSION AND CONCLUSION

According to the results of the present study, a significant relationship was observed between parenting styles and mental health. In this case, the authoritative parenting style increased the level of mental health in students and the authoritarian and permissive parenting styles lead to a decline in their levels of mental health. These findings were consistent with the results of research studies conducted by Rahmati, Etemadi, and Mehrabi (2007); Zaharakar (2005); Toozandehjani (2011); Ebrahimi and others (2010); Salibi and Ahmadi (2013); Lotfi Azimi and others (2012); Oyserman and others (2002); Shieck (2006); and Elali (2013). To explain the results, it was argued that parenting styles along with other variables had effects on levels of mental health in children. Considering the impact of parenting styles on mental health and achievement of children, parents were required to learn parenting and childbearing styles voluntarily and correctly. In explaining the above-mentioned results and the priority of the authoritative parenting style to the authoritarian and permissive styles, it was concluded that such parents were endowed with

high levels of responsiveness and control. These parents considered their children as competent and successful individuals and accommodated their expectations with their abilities. Moreover, these parents respected their kids and such children were more independent, warm, intimate, and with morale. Such children had also more abilities to express their existence and motivation which could lead to higher level of mental health. These characteristics were issues that could not be found in the authoritarian and permissive parenting styles and that might be the reason for the low levels of mental health in children living in these families. Furthermore; considering the results of the present study, a significant relationship was found between parenting styles and self-efficacy. In this case, the authoritative parenting style led to an upsurge in self-efficacy in students and the authoritarian and permissive parenting styles lead to a decline in their self-efficacy. The given results were in line with the findings of studies by Hosseini Dolat Abadi and Ghasemi (2013); Xia and Qian (2001); Rezakhani and others (2012); Toozandehjani (2011); Hosseini Nasab and others (2008); Keyes and others (2014); and Hewitt and others (2002). In explaining these results and considering the priority of the authoritative parenting style compared to those of the authoritarian and permissive styles, it was argued that such parents were endowed with high levels of responsiveness and control. These parents considered their kids as competent and successful individuals and matched their expectations with their abilities. Moreover, these parents paid respect to their children and such children were more autonomous, warm, friendly, and with spirit de corps. Such children had also greater abilities in terms of expressing their existence and motivation which could lead to higher levels of self-efficacy.

Table 1: The correlation coefficient Pearson For relationship Between styles Parenting and mental health.

Lax	Arbitrary	Ex cathedra	Variables mental health
0/25	0/35	-0/49	correlation coefficient
0/000	0/000	0/000	p.valu

Table 2 : The correlation coefficient Pearson For relationship Between styles Parenting and Efficacy

Lax	Arbitrary	Ex cathedra	Variables Efficacy
-0/41	-0/17	0/52	correlation coefficient
0/000	0/000	0/000	p.valu

Table 3 : regression analysis Multi- variable for prediction Mental health Based on the style of parenting:

R	significance level	F	Mean Square	D	Sum of squares	Source variance
0/39	0/000	75/63	5695/04	4	17085 /0 4	regression
			75/29	346	26052/38	Remaining
				349	43137/42	Total

Table 4 : Regression coefficients Mental health Based on the style of parentin

significance level	t	Beta	standard error	B	Predictor variables
0/000	4/38		3/31	14/54	Constant
0/000	-9/38	-0/43	0/8	-0/84	Ex cathedra
0/000	9/2	0/39	0/08	0/76	Arbitrary
0/000	3/76	0/17	0/07	0/29	Lax

Table 5 : regression analysis Multi- variable for prediction Efficacy Based on the style of parenting:

R	significance level	F	Mean Square	d	Sum of squares	Source variance
0/38	0/000	73/57	13103/94	3	39311/84	Regression
			187/103	346	61631/58	The remaining
				349	100935/42	Total

Table 6: Regression coefficients styles Parenting and Efficac

significance level	t	Beta	Predictor variables	standard error	B
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0/000	28/8		Constant	5/10	42/27
0/000	9/46	0/42	Ex cathedra	0/13	1/25
0/000	-5/51	-0/23	Arbitrary	0/12	-0/08
0/000	-6/61	-0/30	Lax	0/12	-0/08

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